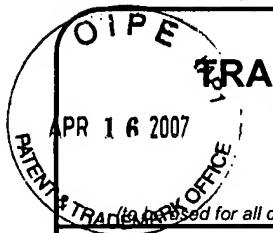


(PW)

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 <p>TRANSMITTAL FORM</p> <p>(Applicable for all correspondence after initial filing)</p>		Application Number	10/553,721
		Filing Date	September 6, 2006
		First Named Inventor	Lionel WOLOVITZ
		Art Unit	2153
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	2	Attorney Docket Number	25587-036

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> • Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page) • Return Receipt Postcard 	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Manatt, Phelps & Phillips		
Signature			
Printed name	Pamela S. Merkadeau		
Date	April 13, 2007	Reg. No.	53,318

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Barbara M. Weatherly	Date	April 13, 2007

APR 16 2007

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/553,721
Filing Date	September 6, 2006
First Named Inventor	Lionel WOLOVITZ
Art Unit	2153
Examiner Name	Not Yet Assigned
Attorney Docket Number	25587-036

To: Commissioner for Patents**P.O. Box 1450****Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

 all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number

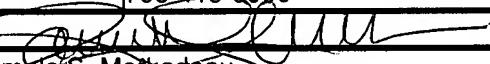
36614

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Pursuant to owner's request, attorneys are no longer representing Applicant.
Owner has requested file be forwarded to new counsel indicated below.**CORRESPONDENCE ADDRESS**

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

 The address associated with Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Scott McKeown OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.			
Address	1940 Duke Street			
City	Alexandria	State	Virginia	Zip 22314-3412
Country	United States			
Telephone	703-413-3000		Email	
Signature				
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Date	April 13, 2007		Telephone No.	650-812-1375